

Social Support and the Health of Family Members

The influence of parents, caretakers and adults deemed significant in the lives of children and adolescents on improved academic outcomes in school and on the long term health behaviors of youth is clear (Telljohn et al., 2007). Research indicates that positive attitudes toward health behavior are more likely to lead to higher levels of readiness to engage in activity, views of one's ability to engage in positive health behavior, and gaining higher levels of disease risk awareness (Walcott-McQuigg et al., 2001). Positive attitudes are particularly important as health behaviors in young people translate into lifelong health-enhancing behaviors.

Health Status of Americans

Healthy People 2010: Understanding and Improving Health defined American's public health agenda for the next decade identifying 10 health indicators that reflect major public health priorities: physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care (USDHHS, 2000). Research supports multiple levels of influence that contribute to health status and quality of life including individual behaviors, physical and social environmental factors, and access to quality health care. Poor diet and physical inactivity, along with alcohol and tobacco use, account for a substantial proportion of preventable deaths in the U.S. (Mokdad et al., 2005)

Physical Activity among Adolescents

The number of overweight Americans has increased across all segments of the population and the effects of being overweight manifest themselves years after a person experiences initial excessive weight gain (USDHHS, 2000, 2004; USDHHS & USDA, 2005). Such is the case in childhood and adolescent obesity. Benefits of regular physical activity in adolescents can include weight management and control, decreased blood pressure, and improved cardio-respiratory health. Individuals who begin participating in a physically active lifestyle during adolescence are more likely to continue this behavior through adulthood (MacKay et al., 2000). Behaviors affecting all areas of a person's character and personality are cultivated during childhood and follow into adulthood (Melnik & Weinstein, 1994; USDHHS, 2000).

Extending the benefits for chronic disease reduction to adolescents is important as they can manifest disabling conditions earlier in life. Physical inactivity can lead to a number of negative health outcomes for adolescents including Type-2 diabetes, high blood lipids, hypertension, malnutrition, and orthopedic problems (MacKay et al., 2000). The prevalence of overweight children aged 6-11 in the U.S. nearly doubled from 7% in 1976-1980, to 13% in 1999 and overweight adolescents aged 12-19 increased from 5% in 1976-1980 to 14% in 1999 (Wechsler et al., 2001).

The difficulty in addressing physical inactivity among young people is seen in the lack of importance placed on physical activity in schools. *Healthy People 2010* describes the link between the developmental stages and the lack of physical activity, that participation in all types of physical activity declines as age or grade in school increases, and that adolescents' interest and participation in physical activity differ by gender (USDHHS, 2000). While many adolescent high school girls self-report being physically active, it either may be socially desirable to be physically active or at least socially desirable to report being physically active. Those reporting a decreased physical activity level report this decrease as due to lack of time and the demands of other important activities in their lives, such as jobs, schoolwork, chores, etc. (Covey & Feltz, 1991). This psychosocial influence over physical activity reflects that, even as early as adolescence, girls have to make hard choices between important activities and participation in physical activity. As many adolescents increase in age, their interest in physical activity declines. Participation in physical activity also differs by sex, as males are more likely than females to participate in moderate or vigorous physical activity (MacKay et al., 2000).

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Family Influence on Health

Schools are uniquely positioned to improve the health of children and adolescents with over 95% of students enrolled in educational institutions nationwide (Kolbe et al., 2004). While schools can disseminate health information, parental involvement is needed. The education level of parents has been found to influence the overall health as well as physical activity participation levels among their children. Familial influence on health and physical activity participation levels of children, however, is not limited to education. The self image of children can be significantly affected by parents, caregivers and other family members. Immediate family members influenced the body size of Black participants in a study focused on body image. Black females were influenced by family members, as well as authority figures with which those Black females were in regular contact, e.g., teachers and administrators, suggesting that Black adolescents are influenced more by adult role models in terms of body size preference development (Parnell et al., 1996). To successfully reach Black female adolescents, role models from their families and community need to be identified. This can be a challenge, as the culture of obesity tolerance may provide mostly role models who also are overweight or obese (Melnik & Weinstein, 1994).

The theme of attractiveness through parental acceptance and rejection carries over to African American girls. In a national study, 9- and 10-year-old Black girls reported feeling accepted in social situations regardless of their degree of adiposity (weight) while White girls with greater adiposity felt rejected. The levels of physical activity decline during adolescence in the U.S., especially among girls. Beginning in early adolescence with the rate accelerated so that by the ages of 18-19, the majority of girls engage in virtually no habitual physical activities other than those performed in school (Kimm et al, 2002).

Social Support and the Family

Membership in a support system can increase participation in physical activity and is known as a primary influence on health as individuals in socially supportive environments function best. Adolescent young women are emerging as being at significantly higher risk due to factors compounded by race and ethnicity. However, social support, positive role models, and opportunity for physical activity can motivate youth to action (USDHHS, 2000). Positive measures of social support include helpful reminders, encouragement, adjusting schedules, offers to exercise together and rewards. Negative measures of social support include such things as complaints about time spent exercising and being criticized or made fun of for exercising.

Family social support is an important factor for encouraging positive health behaviors among adolescent young women. Immediate family members in regular contact with young African-American females can influence their preferences towards body image development (Parnell et al., 1996). However, as they are influenced by adult role models as well as other authority figures, they can develop a culture of tolerance provided by role models who may be overweight or battling obesity themselves (Melnyk & Weinstein, 1994).

Familial factors of parental expectations, parental monitoring, and family connectedness are linked to the behavior patterns of adolescents (Mellin et al., 2002). Social support provided by family and parents can help protect adolescents from numerous risk behaviors during their teen years. Sustained support around physical activity can promote health behaviors that adolescents carry with them through adulthood.

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